



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
Medical Board of California - Licensing
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MEMORANDUM

DATE	April 16, 2012
TO	Board Members Medical Board of California
FROM	Curtis Worden Chief of Licensing
SUBJECT	HEALTH CARE FAIR

This regulatory package is once again before you. You will recall that the Board previously approved these regulations which will implement the provisions of section 901 of the Business and Professions Code, relating to sponsored health care events, aka health care fairs.

The proposed regulations were disapproved by the Office of Administrative Law for reasons relating to the clarity of the registration forms. Board staff met with OAL and the Department of Consumer Affairs to make the appropriate revisions to the forms and supporting documents. The Board has circulated the revised text for the required fifteen days and as of the date of this memorandum, has received no comments.

Staff Recommendation:

To approve these revisions and authorize the Executive Director to complete the rulemaking file and to request the regulation be effective immediately upon filing with the Secretary of State.

AVAILABILITY OF SECOND MODIFIED TEXT and DOCUMENT RELIED UPON

NOTICE IS HEREBY GIVEN that the Medical Board of California has proposed modifications to the text of sections 1333, 1333.1, 1333.2 and 1333.3 in Title 16 California Code of Regulations and forms incorporated by reference therein. This regulatory proposal was the subject of a regulatory hearing on May 6, 2011. A copy of the modified text is enclosed.

NOTICE IS ALSO GIVEN that the following document relied upon is being added to the rulemaking record for the regulatory proceeding concerning sections 1333, 1333.1, 1333.2 and 1333.3 of Title 16 of the California Code of Regulations:

1. Application Fee Justification

The above document is now available for public inspection and/or comment until April 25, 2012 at the location mentioned below during the hours of 8:00 a.m. to 5:00 p.m. Monday through Friday, except state holidays.

Any person who wishes to comment on the proposed modifications or the document relied upon may do so by submitting written comments on or before April 25, 2012 to the following:

Name:	Jennifer Simoes, Chief of Legislation Medical Board of California
Address:	2005 Evergreen Street, Suite 1200 Sacramento, CA 95815
Telephone No.:	(916) 263-2389
Fax No.:	(916) 263-2387
E-Mail Address:	regulations@mbc.ca.gov

DATED: April 10, 2012

MEDICAL BOARD OF CALIFORNIA

SECOND MODIFIED TEXT

Changes to the First Modified Text, made available to the public June 16, 2011 through July 5, 2011 are shown by double underline for new text and underline with strikeout for deleted text.

Add Article 9.1, commencing with Section 1333, in Chapter 1 of Division 13 of Title 16, Cal. Code Regs., to read as follows:

Article 9.1.

Sponsored Free Health Care Events—Requirements for Exemption.

§1333. Definitions.

For the purposes of section 901 of the code:

(a) "Community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

(b) "Out-of-state practitioner" means a person who is not licensed in California to engage in the practice of medicine but who holds a current valid license or certificate in good standing in another state, district, or territory of the United States to practice medicine.

NOTE: Authority cited: Sections 901 and 2018, Business and Professions Code. Reference: Section 901, Business and Professions Code.

§1333.1. Sponsoring Entity Registration and Recordkeeping Requirements.

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the code shall register with the board not later than 90 calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsoring entity shall register with the board by submitting to the board a completed "Registration of Sponsoring Entity under Business & Professions Code Section 901," Form 901-A (MBC DCA/2011), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The board may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process the "Registration of Sponsoring Entity under Business & Professions Code Section 901," Form 901-A (MBC DCA/2011) on behalf of the board. The board or its delegatee shall inform the sponsoring entity in writing within 15 calendar days of receipt of the form that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The board or its delegatee shall reject the registration if all of the identified deficiencies have not been corrected at least 30 days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by section 901 as well as a copy of the authorization for participation issued by the board to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the board at the time of registration as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the board.

(d) A sponsoring entity shall place a notice visible to patients at every station where patients are being seen by a physician and surgeon. The notice shall be in at least 48-point type in Arial font and shall include the following statement and information:

NOTICE

Medical doctors providing health care services at this health fair are either licensed and regulated by the Medical Board of California or hold a current valid license from another state and have been authorized to provide health care services in California only at this specific health fair.

Medical Board of California
(800) 633-2322
www.mbc.ca.gov

(e) Requirement for Prior Board Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a

sponsored event unless and until the sponsoring entity has received written approval of such practitioner from the board.

(f) Report. Within 15 calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

(1) The date(s) of the sponsored event;

(2) The location(s) of the sponsored event;

(3) The type(s) and general description of all health care services provided at the sponsored event; and

(4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner.

NOTE: Authority cited: Sections 901 and 2018, Business and Professions Code. Reference: Section 901, Business and Professions Code.

§ 1333.2. Out-of-State Practitioner Authorization to Participate in Sponsored Event.

(a) Request for Authorization to Participate. An out-of-state practitioner ("applicant") may request authorization from the board to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the board to provide those services. Authorization must be obtained for each sponsored event in which the applicant seeks to participate.

(1) An applicant shall request authorization by submitting to the board a completed "Request for Authorization to Practice Without a California License at a Sponsored Free Health Care Event," Form 901-B (MBC/2011), which is hereby incorporated by reference, accompanied by a non-refundable, non-transferable processing fee of \$25.

(2) The applicant also shall furnish either a full set of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check. This requirement shall apply only to the first application for authorization that is submitted by the applicant.

(b) Response to Request for Authorization to Participate. Within 20 calendar days of receiving a completed request for authorization, the board shall notify the sponsoring entity or local government entity whether that request is approved or denied.

(c) Denial of Request for Authorization to Participate.

(1) The board shall deny a request for authorization to participate if:

(A) The submitted form is incomplete and the applicant has not responded within 7 calendar days to the board's request for additional information; or

(B) The applicant has not graduated from a medical school approved or recognized by the board; or

(C) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial of an application for licensure by the board; or

(D) The applicant does not possess a current valid active license in good standing. The term "good standing" means the applicant:

1. Has not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency;

2. Has not entered into any consent agreement or been subject to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license; and

3. Has not been the subject of an adverse judgment resulting from the practice for which the applicant is licensed that the board determines constitutes evidence of a pattern of negligence or incompetence.

(E) The board has been unable to obtain a timely report of the results of the criminal history check.

The term "good standing" means the applicant:

- (i) Has not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency;
- (ii) Has not entered into any consent agreement or been subject to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license;
- (iii) Has not been the subject of an adverse judgment resulting from the practice for which the applicant is licensed that the board determines constitutes evidence of a pattern or negligence or incompetence.

(2) The board may deny a request for authorization to participate if:

(A) The request is received less than 20 calendars days before the date on which the sponsored event will begin; or

(B) The applicant has been previously denied a request for authorization by the board to participate in a sponsored event; or

(C) The applicant has previously had an authorization to participate in a sponsored event terminated by the board.

(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in section 1333.3(d).

(e) An out-of-state practitioner who receives authorization to practice medicine at an event sponsored by a local government entity shall place a notice visible to patients at every station at which that person will be seeing patients. The notice shall be in at least 48-point type in Arial font and shall include the following statement and information:

NOTICE

I hold a current valid license to practice medicine in a state other than California. I have been authorized by the Medical Board of California to provide health care services in California only at this specific health fair.

Medical Board of California
(800) 633-2322
www.mbc.ca.gov

NOTE: Authority cited: Sections 144, 901, and 2018, Business and Professions Code. Reference: Section 901, Business and Professions Code.

§1333.3. Termination of Authorization and Appeal.

(a) Grounds for Termination. The board may terminate an out-of-state practitioner's authorization to participate in a sponsored event for any of the following reasons:

(1) The out-of-state practitioner has failed to comply with any applicable provision of this article, or any applicable practice requirement or regulation of the board.

(2) The out-of-state practitioner has committed an act that would constitute grounds for discipline if done by a licensee of the board.

(3) The board has received a credible complaint indicating that the out-of-state practitioner is unfit to practice at the sponsored event or has otherwise endangered consumers of the practitioner's services.

(b) Notice of Termination. The board shall provide both the sponsoring entity or local government entity and the out-of-state practitioner with a written notice of the termination, including the basis for the termination. If the written notice is provided during a sponsored event, the board may provide the notice to any representative of the sponsored event on the premises of the event.

(c) Consequences of Termination. An out-of-state practitioner shall immediately cease his or her participation in a sponsored event upon receipt of the written notice of termination.

Termination of authority to participate in a sponsored event shall be deemed a disciplinary measure reportable to the national practitioner data banks. In addition, the board shall provide a copy of the written notice of termination to the licensing authority of each jurisdiction in which the out-of-state practitioner is licensed.

(d) Appeal of Termination. An out-of-state practitioner may appeal the board's decision to terminate an authorization in the manner provided by section 901(j)(2) of the code. The request for an appeal shall be considered a request for an informal hearing under the Administrative Procedure Act.

(e) Informal Conference Option. In addition to requesting a hearing, the out-of-state practitioner may request an informal conference with the executive officer regarding the reasons for the termination of authorization to participate. The executive officer shall, within 30 days from receipt of the request, hold an

informal conference with the out-of-state practitioner. At the conclusion of the informal conference, the Executive Director or his/her designee may affirm or dismiss the termination of authorization to participate. The executive officer shall state in writing the reasons for his or her action and mail a copy of his or her findings and decision to the out-of-state practitioner within ten days from the date of the informal conference. The out-of-state practitioner does not waive his or her request for a hearing to contest a termination of authorization by requesting an informal conference. If the termination is dismissed after the informal conference, the request for a hearing shall be deemed to be withdrawn.

NOTE: Authority cited: Sections 901 and 2018, Business and Professions Code. Reference: Section 901, Business and Professions Code.



SPONSORED FREE HEALTH CARE EVENTS

REGISTRATION OF SPONSORING ENTITY UNDER BUSINESS & PROFESSIONS CODE SECTION 901

In accordance with California Business and Professions Code Section 901(d), a non-government organization administering an event to provide health care services to uninsured and underinsured individuals at no cost may include participation by certain health care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least 90 calendar days prior to the sponsored event.** *Note that the information required by Business and Professions Code Section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*

~~[Only one form (per event) should be completed and submitted to the Department of Consumer Affairs. The Department of Consumer Affairs will forward a copy of the completed registration form to each of the licensing authorities indicated on this form.]~~

PART 1 – ORGANIZATIONAL INFORMATION

1. Organization Name: _____

2. Organization Contact Information (*use principal office address*):

Address Line 1 _____

Phone Number of Principal Office _____

Address Line 2 _____

Alternate Phone _____

City, State, Zip _____

Website _____

County _____

Organization Contact Information in California (*if different*):

Address Line 1 _____

Phone Number _____

Address Line 2 _____

Alternate Phone _____

City, State, Zip _____

County _____

3. Type of Organization:

Is the organization operating pursuant to Section 501(c)(3) of the Internal Revenue Code? ☐ Yes ☐ No

If not, is the organization a community-based organization*? ☐ Yes ☐ No

Organization's Tax Identification Number _____

If a community-based organization, please describe the mission, goals and activities of the organization (*attach separate sheet(s) if necessary*): _____

* A "community based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

PART 2 – RESPONSIBLE ORGANIZATION OFFICIALS

Please list the following information for each of the principal individual(s) who are the officers or officials of the organization responsible for operation of the sponsoring entity.

Individual 1:

Name _____
Address Line 1 _____
Address Line 2 _____
City, State, Zip _____
County _____

Title _____
Phone _____
Alternate Phone _____
E-mail address _____

Individual 2:

Name _____
Address Line 1 _____
Address Line 2 _____
City, State, Zip _____
County _____

Title _____
Phone _____
Alternate Phone _____
E-mail address _____

Individual 3:

Name	Title
Address Line 1	Phone
Address Line 2	Alternate Phone
City, State, Zip	E-mail address
County	

(Attach additional sheets if needed to list additional principal organizational individuals)

PART 3 – EVENT DETAILS

1. Name of event, if any: _____

2. Date(s) of event (not to exceed ten calendar days): _____

3. Location(s) of the event (be as specific as possible, including address):

4. Describe the intended event, including a list of all types of healthcare services intended to be provided (*attach additional sheet(s) if necessary*): _____

5. Attach a list of all out-of-state health care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

___ Check here to indicate that list is attached.

~~6. Please check each licensing authority that will have jurisdiction over an out-of-state licensed health practitioner who intends to participate in the event:~~

___ Acupuncture Board	___ Physician Assistant Committee
___ Board of Behavioral Sciences	___ Physical Therapy Board
___ Board of Chiropractic Examiners	___ Board of Podiatric Medicine
___ Dental Board	___ Board of Psychology
___ Dental Hygiene Committee	___ Board of Registered Nursing

☐ Medical Board of California
☐ Naturopathic Medicine Committee
☐ Board of Occupational Therapy
☐ Board of Optometry
☐ Osteopathic Medical Board
☐ Board of Pharmacy
☐ Respiratory Care Board

☐ Speech Language Pathology,
☐ Audiology & Hearing Aid Dispensers
☐ Board
☐ Veterinary Medical Board
☐ Board of Vocational Nursing &
☐ Psychiatric Technicians
☐ Other

Note:

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application (Form 901-B) to the applicable licensing Board/Committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

This form, any attachments, and all related questions shall be submitted to:

Department of Consumer Affairs
Attn: Sponsored Free Health Care Events
1625 North Market Blvd.
Sacramento, CA 95834

- I understand that I must maintain records in either electronic or paper form both at the sponsored event and for five (5) years in California, per the recordkeeping requirements imposed by California Business and Professions Code Section 901 and the applicable sections of Title 16, California Code of Regulations for the agencies listed regulatory bodies with jurisdiction over the practice to be engaged in by out-of-state practitioners.
- I understand that our organization must file a report with each applicable board/committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury under the laws of the State of California that the information provided on this form and any attachments is true and current and that I am authorized to sign this form on behalf of the organization:

Name Printed

Title

Signature

Date

PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE

Disclosure of your personal information is mandatory. The information on this form is required pursuant to Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete. The information provided will be used to determine compliance with the requirements promulgated pursuant to Business and Professions Code section 901. The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the applicable Board or Committee, unless the records are exempted from disclosure by section 1798.40 of the Civil Code. An individual may obtain information regarding the location of his or her records by contacting the Deputy Director of the Legislative and Policy Review Division at the address and telephone number listed above.

**MEDICAL BOARD OF CALIFORNIA****Licensing Program**

2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2389 Fax (916) 263-2487

**REQUEST FOR AUTHORIZATION TO PRACTICE WITHOUT A CALIFORNIA
LICENSE AT A SPONSORED FREE HEALTH CARE EVENT**

In accordance with California Business and Professions Code Section 901 any physician and surgeon licensed and in good standing in another state, district, or territory in the United States may request authorization from the Medical Board of California (Board) to participate in a free health care event offered by a local government entity or a sponsoring entity, registered with the Board pursuant to Section 901, for a period not to exceed ten (10) days.

PART 1 - APPLICATION INSTRUCTIONS

An application must be complete and must be accompanied by all of the following:

- A processing fee of \$25, made payable to the board.
- A copy of each valid, current active license and/or certificate authorizing the applicant to engage in the practice of medicine issued by any state, district, or territory of the United States.
- A copy of a valid photo identification of the applicant issued by one of the jurisdictions in which the applicant holds a license or certificate to practice.
- A full set of fingerprints or a Live Scan inquiry. This will be used to establish your identity and to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check. However, this requirement shall apply only to the first application for authorization that you submit.
- Educational records to prove you graduated from a medical school that is approved or recognized by the board.

The board will not grant authorization until this form has been completed in its entirety, all required enclosures have been received by the board, and any additional information requested by the Board has been provided by the applicant and reviewed by the board, and a determination made to grant authorization.

The board shall process this request and notify the sponsoring entity or the local government entity listed on this form whether the request is approved or denied within 20 calendar days of receipt. If the board requires additional or clarifying information, the board will contact you directly, but **written approval or denial of requests will be provided directly to the sponsoring entity or local government entity.** It is the applicant's responsibility to maintain contact with the sponsoring entity or the local government entity.

PART 2 – GENERAL INFORMATION*

1. Applicant Name: _____
First Middle Last

2. U.S. Social Security Number*: _____ - _____ - _____ Date of Birth: _____

3. Applicant's Contact Information:

Address Line 1	Phone
Address Line 2	Alternate Phone
City, State, Zip	E-mail address

4. Applicant's Employer: _____

Employer's Contact Information:

Address Line 1	Phone
Address Line 2	Facsimile
City, State, Zip	E-mail address (if available)

5. Name and Location of Medical School from which Applicant Graduated:

***The information provided on this application is maintained by the Executive Director of the Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, California 95815, pursuant to Business and Professions Code § 901. It is mandatory that you provide all information requested. Omission of any item of information will result in the application being rejected as incomplete. The information provided will be used to determine compliance with the requirements of Section 901 and may be transferred to other governmental and enforcement agencies.**

You have the right to review the records maintained on you by the board unless the records are exempt from disclosure. You may gain access to the information by contacting the board at the above address.

PART 3 – LICENSURE INFORMATION

1. Do you hold a valid, current active license in good standing issued by a state, district, or territory of the United States authorizing the unrestricted practice of medicine in your jurisdiction(s)? The term "good standing" means you:

- Have not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency;
- Have not entered into any consent agreement or been subject to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license; and
- Have not been the subject of an adverse judgment resulting from the practice for which the applicant is licensed that the board determines constitutes evidence of a pattern or of negligence or incompetence.

- No ☐ If no, you are not eligible to participate as an out-of-state practitioner in the sponsored event.
- Yes ☐ If yes, in the chart on the top of the next page in the following chart, list every license, certificate, and registration authorizing you to engage in the practice of medicine in the following table. If there are not enough boxes to include all the relevant information please attach an addendum to this form. Please also attach a copy of each of your current licenses, certificates, and registrations.

State/ Jurisdiction	Issuing Agency/Authority	License Number	Expiration Date

2. Have you ever had a license to practice medicine revoked or suspended?
 ___ Yes ___ No

3. Have you ever been subject to any disciplinary action or proceeding by a licensing body?
 ___ Yes ___ No

4. Have you ever committed any act or been convicted of a crime constituting grounds for denial of licensure?
 ___ Yes ___ No

5. If you answered "Yes" to any of questions 2 – 4, above, please explain (*attach additional page(s) if necessary*): _____

PART 4 – SPONSORED EVENT

1. Name and address of local government entity, non-profit, or community-based organization hosting the free healthcare event (the "sponsoring entity"): _____

2. Name of event: _____

3. Date(s) & location(s) of the event: _____

4. Date(s) & location(s) applicant will be performing healthcare services (if different): _____

5. Please specify the healthcare services you intend to provide: _____

6. Name and phone number of contact person with sponsoring entity or local government entity: _____

PART 5 – ACKNOWLEDGMENT/CERTIFICATION

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

- I have not committed any act or been convicted of a crime constituting grounds for denial of licensure by the board.
- I am in good standing with the licensing authority or authorities of all jurisdictions in which I hold licensure and/or certification to practice medicine.

- I am responsible for knowing and will comply with all applicable practice requirements required of licensed physician and surgeons and all regulations of the Board.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of practice for California-licensed physicians and surgeons.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity or local government entity listed herein and only on the dates and at the locations listed herein for a period not to exceed 10 calendar days.
- I must post the notice required by 16 CCR 1333.2 if the event is sponsored by a local government entity.
- Practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential criminal penalties.
- The Board may notify the licensing authority of my home jurisdiction and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- All information provided by me in this application is true and complete. By submitting this application and signing below, I am granting permission to the Board to verify the information provided and to perform any investigation pertaining to the information I have provided as the board deems necessary.

Signature

Date

Printed Name